

Good Practice in Prison Health

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**Prepared by David Crawley, Care Services Improvement Partnership on behalf of the
Department of Health**

Good Practice in Prison Health

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Contents

Contents	4
Introduction	6
Age Concern and Wakefield Prison: SAP and Older Prisoners	9
Ashfield Young Offenders Institution	10
Avon and Somerset Prolific Offender Scheme: Substance Misuse	11
Brighton Oasis Project – Working with Partners: Mental Health & Substance Misuse	13
Brighton Oasis Project – Working with Partners: Mental Health & Substance Misuse	13
Brockhill Prison – Carousel Project: Mental Health and Self-Harm	15
Bronzefield Prison: Nurse Led Primary Care Services	16
Bronzefield Prison: Continuity of Care	17
Calderdale Women’s Centre: Community service for women	18
Doncaster East Primary Care Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust and HMP Moorland: Chronic Disease Management	19
Dorset Primary Care Trust: Learning Disability	21
Dorset Primary Care Trust: Commissioning	22
Dorset Primary Care Trust: Mental Health	23
Dorset Primary Care Trust: Mental Health	24
Dorset Primary Care Trust: Substance Misuse	25
Elmore Project (Oxford)	26
Fulcrum Medical Practice: Drug Treatment	27
Fulcrum Medical Practice: Drug Treatment	27
HM Inspectorate of Prisons:	29
Older Prisoners	29
HMYOI Polmont, Scotland: Primary Care	31
HMP Littlehey: Sexual Health	34
HMP Holloway Resettlement Team: Continuity of Care	36
HMP New Hall and Pinderfields and Pontefract NHS Trust supported by Wakefield Health Action Zone: Health Promotion	37
HMP Wymott: Older Prisoners	40
HMYOI Brinsford: Continuity of Care	42
HMYOI Brinsford: Use of Voluntary Sector	43
HMYOI Brinsford: Primary Mental Health	44
HMP/YOI Guys Marsh: Integrated Services	45
Kent Primary Care Trusts: Prisoner on Release Pilot	46
HMP Leeds and Leeds PCT: Diabetes	48
Leeds Youth Offending Service: The D'Fuse anger management programme	50
London Resettlement Team	51
London Resettlement Team	51
London Resettlement Strategy: Multi-Agency Approach	53
Maple Access Northampton: Primary Care Access	55
NACRO Report: “Mentally Disordered Offenders South West Scoping Survey”	57
Nottinghamshire DAAT: Gender Specific Community Drugs Service	58
Nottinghamshire DAAT: Gender Specific Community Drugs Service	58
Ormiston Children and Families Trust	59
Portsmouth PCT, Hampshire Probation and HMP Kingston	61
Rehabilitation of Addicted Prisoners Trust: The Bridges	62

Good Practice in Prison Health

Rehabilitation of Addicted Prisoners Trust: HMP Send	64
Rehabilitation of Addicted Prisoners Trust: Southwark	65
Revolving Doors: Mental Health	66
HMP Send: Therapeutic Community for Women	68
HMP Send: Therapeutic Community for Women	68
HMP Send: Prison Healthcare	69
South East Coast PCTs, SHA and Partners from Criminal Justice	71
South Gloucester PCT: Eastwood Park YOI	72
South West Region: Mental Health	73
South West Region: Integrated Services	74
South West Region: Access to Primary Care	75
Wandsworth PCT Substance Misuse Project	76
HMP Wormwood Scrubs:	77
Integrated Substance Misuse Working	77
The 218 Centre, Glasgow: Substance Misuse – Vulnerable Groups	78
International (USA): Secure Nursing	79

Introduction

The information that follows was gathered as part of a survey of good practice in prison health. It was commissioned by Offender Health within the Department of Health and undertaken by the Care Services Improvement Partnership (CSIP).

The review consisted of three elements:

- i) A review of grey literature – non-peer review journals, magazines and articles where individuals or organisations had submitted articles outlining good practice they had introduced. This also included newspaper articles associated with offender healthcare.
- ii) A questionnaire sent to all CSIP regional HSCCJ Leads seeking examples of good practice that they were aware of within their region.
- iii) An internet search for examples from individual organisations such as charities and voluntary and community sector organisations.

From all of the documents and sources reviewed, over 400 were selected as potential examples of good practice. The following examples have been distilled from that selection and form the results of the survey. The draft survey was sent out to regional CSIP Leads for validation after collation, mainly to ensure whether the schemes were still in operation and to identify any particular schemes that may have been missed.

Age Concern Leicestershire and Rutland: HMP Gartree, Older Prisoners Advocacy and Support Project

Specialist Area	Older Prisoners
Region	Eastern
Contact Details	Claire Evans is the Project Co-ordinator of the HMP Gartree Older Prisoner's Advocacy and Support Project.
Brief Description	Support for older prisoners by VCS with support of prison
Purpose of the Work	<p>Many of the prisoners have concerns about their pensions and benefits and so a Benefits Surgery has been arranged with the local Department of Work and Pensions when one of their staff will come in on a set day and meet with those prisoners who have concerns and discuss options available to them. If this proves to be successful, surgeries will be organised on a quarterly basis. It has also been suggested that a special visit session could be organised for prisoners who have elderly visitors. This would be just for those visitors who are over 60 and would provide a quieter visiting time with activities provided that would be suitable for them.</p> <p>The opening of new wings at Gartree may provide a further opportunity to expand the project. Although most of the prisoners in the new wings are to be relocated from 2 of the older wings there will also be around 70 extra new prisoners accommodated and with the new wings having cells on the ground floor it may be that older prisoners are more likely to be accommodated in the prison.</p> <p>The project is well supported by the Governor and has been received positively by both staff and prisoners. A Service Level Agreement has also been set up between HMP Gartree and Age Concern Leicestershire and Rutland to improve the relationship to the benefit of both parties. The project also receives support from a Steering Group made up of staff from the Prison Service including 2 prison officers and the Voluntary Sector Services Co-ordinator from area office and staff from Age Concern Leicestershire and Rutland. It is hoped that eventually a prisoner will be able to join the group to represent those involved.</p>
Objectives	The aim of the project was to provide advocacy and other support to older prisoners whilst serving their sentences. This could be advocacy support to assist in improving their conditions and access to services, reduce their isolation by helping prisoners to build links with their

Good Practice in Prison Health

	families where appropriate, increase the physical health and mental well-being of older prisoners and advocacy assistance to help the resettlement of older prisoners back into the community when needed.
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Age Concern and Wakefield Prison: SAP and Older Prisoners

Specialist Area	<p>SAP in Wakefield Prison</p> <p>Care centred on elderly prisoners using Single Assessment Process</p>
Region	North East & Yorks
Contact Details	<p>Ryan Sampson Age Concern England, Astral House, 1268 London Road, London sw16 4ER (0208) 765 7425</p> <p>ryan.sampson@ace.org.uk</p>
Brief Description	
Purpose of the work	<p>The Single Assessment Process (SAP) is currently used by a range of professionals to commission services for older people. Although SAP has not yet been used to assess the needs of older people within the prison population, now that PCT's have taken responsibility for prison healthcare, SAP should be introduced to promote an equity of service provision with the wider community.</p> <p>Wakefield Prison has been chosen to pilot the introduction of SAP as it has the largest population of older prisoners in the UK. The project is being funded and led by Wakefield Prison, Wakefield West PCT, Age Concern Wakefield & District and Age Concern England and aims to ensure that older people in prison have access to adequate and quality health, social care and wider services.</p> <p>The team is currently revising the SAP used by Wakefield West PCT to meet the needs of the prison population. Although the settings in which the assessment will be used are clearly very different, initial research suggests that individual needs of older prisoners do not differ greatly from those of older people in the wider community. It is hoped that if this pilot in Wakefield is successful, SAP will be rolled out across the prison healthcare system.</p>
Objectives	<p>Although no formal evaluation has yet been possible as the project is still in its early stages, an important initial outcome has been a change in attitudes by key parts of the Prison Service towards improving quality of life for older prisoners. Initiatives such as this will become important in the future as continued growth of the older prison population is predicted due to both demographics and sentencing trends.</p>

Ashfield Young Offenders Institution

Specialist Area	Focus on Health not just healthcare and providing structured support Health promotion
Region	South West
Contact Details	
Brief Description	Young offender team wins award. Helping young criminals lead healthier lives has won staff at Ashfield Young Offenders' Institution near Bristol, a national award.
Purpose of the Work	<p>Staff say many of the 400 offenders arrive at the jail with little understanding of personal healthcare. Nurses have teamed up with the prison's education department to install a sense of responsibility in the youths to look after their own health. Their self-confidence is improving," said Vicky O'Dea, Governor of Ashfield. "They're eating better and concentrating so they're gaining qualifications so all those things are helping the lads live lawful lives on release," she added. Members of Ashfield's health team also work on the prison's 'Stay Safe at Ashfield' policy, which holds discussions with inmates on topics such as self-harm and suicide prevention. Smoking is banned for everyone including staff and a strict routine is in place for dental, psychiatric and personal health training. "It's made me feel better in myself," said 18-year-old Nick who used to take drugs and is in Ashfield for committing street robberies. I'm a totally different person. Before I came to prison, what I had done were bad things that I would never wish upon my worse enemy and I never want to go back to that either," he said.</p> <p>The team was presented with the Health team award at the national Public Servants of the Year Awards 2006 in London.</p>

Avon and Somerset Prolific Offender Scheme: Substance Misuse

Specialist Area	<p>Chasing out the dragon</p> <p>Substance Misuse Services</p>
Region	South West RDC
Contact Details	
Brief Description	A scheme that seeks to break the cycle of drug abuse and re-offending is proving a success.
Purpose Of The Work	<p>At his last court appearance, Gary Atkins (not his real name), a 29-year-old drug addict, was found guilty of 24 burglaries and was sentenced to two-and-a-half years in prison. Within two weeks of release, he re-offended and landed himself back in a cell.</p> <p>For the past 10 years, Atkins's life has followed a predictable path. He robs to fund his £500-a-day drug habit until he gets caught and is sentenced to a spell behind bars, only for the cycle to begin again when he is released.</p> <p>It was only after he was helped by the Avon and Somerset Prolific Offender Scheme (Aspos) that his life took a different turn. He is now undergoing drug treatment at a centre in Devon.</p> <p>The monitoring scheme, based at Southmead police station in Bristol, was set up in 2002 to tackle the city's worst offenders. Several hundred are now signed up, and the scheme has been adopted across the Avon and Somerset area. Once identified in prison or picked up by the police, a persistent offender is obliged to cooperate as part of a court order or parole conditions, although some refer themselves so they can be fast-tracked for scarce drug treatment.</p> <p>Some 98%, like Atkins, are addicted to class A drugs, and between them have committed hundreds of crimes to fund their habits. "The peak age is late 20s, early 30s," says Jim Allum, a senior probation officer who works at the unit. "By then they have been taking drugs since they were teenagers, been in and out of prison, and seen a few of their friends die. They just want to get their life in order." He says even the most persistent offenders eventually tire of their chaotic lifestyle.</p> <p>National estimates suggest that persistent offenders represent just 10% of active criminals, but commit half of all serious crime. Offenders on the scheme receive four visits a week from a probation officer - four times the norm - and are drug tested twice a week. The approach is not a soft option, insists scheme manager Garry Holden. "If they cooperate they are subject to increased monitoring, and if they don't comply they are targeted by Aspos staff and also by police officers."</p>

	<p>Failure to meet the conditions of their prison licence or drug treatment and testing order results in swift and vigorous enforcement. Offenders can be arrested and returned to a prison cell within hours of breaking their conditions. "We also have a duty to protect victims of crime and get these people off the streets if they are offending," Holden stresses.</p> <p>A close working relationship between probation, police and prison services is at the heart of the scheme. Two probation officers are based at Southmead police station and a third works at Bristol prison, alongside two prison officers. It means information is exchanged regularly.</p> <p>"A team at the local prison enables us to track offenders while they are there," Holden says. "We see these as 'golden months', when the offenders can really think about themselves and work on themselves. We can also move them around to prisons where they will receive the treatment and support most appropriate to them. Their entire sentence is planned. When they come out, we are waiting for them."</p> <p>A study of the scheme published last month shows a marked improvement. Of 17 offenders who committed 459 offences over a 15-month period, only seven have been charged with further offences since joining the scheme. Robbery and burglary across the areas covered are down by a fifth.</p>
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Brighton Oasis Project – Working with Partners: Mental Health & Substance Misuse

Specialist Area	<p>Community based substance misuse services and support to women and families of offenders</p> <p>Mental Health & Substance Misuse</p>
Region	South East
Contact Details	Micky Richards, Project Director 22 Richmond Place Brighton East Sussex BN2 9NA 01273 696970 (admin) 01273 604246 (Adult Services for appointments) info@brightonoasisproject.co.uk
Brief Description	Brighton Oasis Project (previously The Women’s Drug Project) has eleven years’ experience of providing face-to-face support to female substance misusers, alongside specialist interventions for their children and are recognised specialists in the field of substance misuse and support for women and children. The whole ethos behind the establishment of Brighton Oasis Project, was to enable groups who are traditionally underrepresented in services to gain access to them.
Purpose of the Work	<p>Brighton Oasis Project is a member of the City’s multi-agency Domestic Violence Forum and works to the local Domestic Violence Project Protocols for Multi-Agency Working, Best Practice and Information Sharing in Response to Domestic Violence. They recognise the need to add value to the efforts of other agencies when giving support and disrupting patterns of abuse. Where children are exposed to domestic violence, consideration is given to the risks they face and to the impact on them, as well as to the need to protect them by informing Children Families and Schools (CFS), Duty and Assessment Team. Brighton Oasis Project’s Child Protection policy has been published as a model policy in the Greater London Alcohol and Drug Alliance (GLADA) and Greater London Domestic Violence Project partnership Stella Project Good Practice Guidelines: Domestic Violence, Drugs and Alcohol (2004).</p> <p>Brighton’s Oasis Project have taken an active and constructive role in partnership with other provider agencies, in the development of the local implementation of Models of Care to facilitate a smooth referral pathway for its clients. This is further enhanced by Brighton Oasis Project weekly staff surgeries at the Substance Misuse Service Medical Harm Reduction Programme clinic, their One Stop clinic for pregnant substance misusers and the local Needle Exchange.</p> <p>Brighton Oasis Project works alongside the Probation Service to the National Probation Standards published in March 2005 which place great importance on OASys and periodic reviews, stipulate minimum</p>

	<p>contact hours for DRR's and a requirement to start offenders on drug treatment within two working days. They are experienced in making assessments alongside Probation staff for inclusion in Pre-Sentence Reports, through their contract to work with the City's female DTTO's, DRR's and CRO's (ten places at any given time).</p> <p>There is regular liaison with probation and partner agencies delivering criminal justice interventions, which ensures effective practice principles in relation to probation programmes are communicated and met. Their involvement in the Communities of Interest Network Steering Group and the Community and Voluntary Sector Forum, has helped bring about an understanding between different COI and find issues of commonality between them.</p> <p>Brighton Oasis Project has worked alongside other statutory and voluntary substance misuse services in the City to implement Models of Care locally, jointly producing data-sets for common screening and assessment tools, conducting joint assessments with NHS and Probation Service staff, attending weekly care panel meetings, submitting data to National Drug Treatment Monitoring System via the DAAT and sharing information via an electronic client management and data-base system to agreed protocols.</p> <p>The agency enjoys a reputation for constructive and helpful engagement with the system, and delivers several services in partnership with other agencies. Their YWSMS worker is based in the statutory Young People Service Misuse Service team, their Sex Work Outreach Service works in partnership with The Terrence Higgins Trust and they have developed and deliver joint services with Probation, South Downs NHS Trust, Addaction, Action for Change and Crime Reduction Initiatives.</p>
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Brockhill Prison – Carousel Project: Mental Health and Self-Harm

Specialist Area	Support for women who self-harm. Mental Health and self harm
Region	West Midlands
Contact Details	Contact: Julia Rose ROSEJULIA6@aol.com
Brief Description	The Carousel Project was developed by the Prison Psychologist as a means of supporting women who were regular self-harmers. It provides a programme of activities and interventions designed to build the women’s self-esteem, assertiveness and confidence whilst encouraging them to develop new coping strategies. It uses both CBT and DBT, and also involves staff from a number of disciplines, introducing new skills to the women through art and other training and educational opportunities. It is showing a good success rate and is popular with the women.
Purpose of the Work	

Bronzefield Prison: Nurse Led Primary Care Services

Specialist Area	Developing new ways of working, in partnership with PCT Primary Care Nurse led services
Region	South East
Contact Details	Contact: Susan Meyers, Head of Healthcare, susan.meyers@UKDS.co.uk
Brief Description	
Purpose of the Work	<p>The Healthcare Department at Bronzefield Prison, which opened in 2004, is assessing its service and adapting it to meet the needs of its population. Although a privately run establishment, they have become part of the PCT's Clinical governance network, and have commissioned the Chief Pharmacist at the PCT to review their Pharmacy Service. It is a nurse-led service, with the nursing staff able to admit to & discharge from in-patient beds, and they run asthma & diabetes clinics, as well as running a very successful Women's Health Day, with workshops, presentations, BP & cholesterol testing, complementary therapies, etc.</p> <p>The prison has a fairly high number of pregnant women and the Healthcare Department is working closely with the local midwives to consider how best to manage the care of their care.</p>

Bronzefield Prison: Continuity of Care

Specialist Area	Discharge Notification Document - Primary Care - Continuity of Care
Region	South East
Contact Details	Contact: Susan Meyers, Head of Healthcare susan.meyers@UKDS.co.uk
Brief Description	Bronzefield Prison Healthcare Department has developed its own discharge notification document, which it uses for all women who are seen by Primary Care. This document accompanies women if they are transferred to another establishment, and is also sent to their GP on release, if the woman has signed to give consent to this.
Purpose of the Work	

Calderdale Women's Centre: Community service for women

Specialist Area	<p>Women's Community Services</p> <p>Primary Care Mental Health</p>
Region	North East & Yorks
Contact Details	<p>Calderdale Women's Centre: 01422 386500.</p> <p>http://www.calderdale-online.org/cwc/</p>
Brief Description	<p>The Calderdale Women's Centre works closely with statutory services to support women at risk, and to link them into local services on their release from custody.</p>
Purpose of the Work	<p>Calderdale Women's Centre has well-developed links with other community services and with the local criminal justice system. It aims to help all women and is welcoming to those from socially excluded groups, particularly women who are suffering mental distress. It offers women a very wide range of services aimed at promoting their well-being, self-esteem and potential, within a comfortable safe women-only centre. Services include a Drop-in service, and a Counselling Service which also links women into education and leisure opportunities, self help and support groups including the Domestic Violence Support Project.</p> <p>Other projects within the centre are concerned with education, art, parenting, and advice on various topics including Housing. It reflects the multi-cultural society of the area and includes staff and volunteers who speak Urdu and Bengali. Users of the centre are encouraged to become volunteers, supporting other women and extending their own development and mental well-being.</p>

Doncaster East Primary Care Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust and HMP Moorland: Chronic Disease Management

Specialist Area	Chronic Disease Management
Region	North East & Yorks
Contact Details	http://www.dbh.nhs.uk/Sharing_best_practice_in_prison_health_care.asp
Brief Description	
Purpose of the Work	<p>Dr Timothy Moss, Director of Genito-urinary Medicine from Doncaster and Bassetlaw Hospitals, has helped improve the treatment of prisoners with sexually transmitted diseases (STDs), and works closely with Alison Woodland, a nurse with a special interest in GU medicine, from HMP Moorland Closed. They have received a number of awards for their work.</p> <p>Alison has worked tirelessly for a change in the treatment of people in prison with sexually transmitted diseases. She explained there had been various doctors working in the prison over the years but felt that, in her opinion, there was a growing need to have appropriate GU services available to prisoners, supported by nursing staff with GU training, who are also used to working in prisons.</p> <p>Now, everything has changed for the better since the collaborative venture between Doncaster East PCT, HMP Moorland Closed and Doncaster & Bassetlaw Hospitals' Directorate of Genito-urinary Medicine, which has resulted in a specialist in-reach GU service provided to the prisoners at HMP Moorland.</p> <p>The spotlight is firmly on them as other people wish to follow in their footsteps and the team have been asked to advise other prisons on their excellent work.</p> <p>Dr Moss said: "Sexual health is one of the Government's key areas for prioritisation. People with STDs have historically been reluctant to seek treatment, a problem which is perhaps heightened in the prison setting and I therefore welcome the opportunity to address these issues in</p>

Good Practice in Prison Health

	such an innovative way.”
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Dorset Primary Care Trust: Learning Disability

Specialist Area	Access for those with Learning Disability
Region	South West
Contact Details	Contact: Frances Stevens Prison Health Development Manager Frances.stevens@dorset-pct.nhs.uk
Brief Description	A 'learning disability' project is underway to identify the needs of prisoners with the aim of enabling them to access health care and other opportunities. This has started at HMP/YOI Guys Marsh and will be extended to HMYOI Portland in the new year.
Purpose of the Work	

Dorset Primary Care Trust: Commissioning

Specialist Area	Commissioning
Region	South West
Contact Details	Contact Simon Coombes Simon.Coombes@dorset-pct.nhs.uk Contact: Frances Stevens Prison Health Development Manager Frances.stevens@dorset-pct.nhs.uk
Brief Description	Primary care delivery in all prisons in Dorset and Somerset is based on principles of the new GP contract (nGMS), audited through the Quality Outcomes Framework (QoF) in the same way as community primary care provision. The South West is moving towards all South West prisons being supported by community GP services.
Purpose of the Work	

Dorset Primary Care Trust: Mental Health

Specialist Area	Good practice in supporting primary mental health care development
Region	South West
Contact Details	Contact Simon Coombes Simon.Coombes@dorset-pct.nhs.uk
Brief Description	Key skills for key staff 'A Competency Guide for Primary and Community Services', will provide generalist staff in prison primary care with a framework to better support adults with mental health problems. Existing mental health knowledge and skills will be acknowledged as well as identifying how to improve their capabilities. It is planned to pilot the implementation of this resource within a Dorset Prison and to use the results of the pilot to inform the documents further implementation.
Purpose of the Work	

Dorset Primary Care Trust: Mental Health

Specialist Area	Primary Care Mental Health
Region	South West
Contact Details	Contact: Frances Stevens Prison Health Development Manager Frances.stevens@dorset-pct.nhs.uk http://www.isecca.org.uk/
Brief Description	
Purpose of the Work	We have jointly commissioned 'ISSECA', (Improving Self Efficacy, Self Esteem and Confidence of Children and Adults) which is a programme to develop self-efficacy and self esteem, delivered by a voluntary sector provider. The programme is based on a CBT model. This has initially been delivered to prison staff with the aim that a number will be trained to delivery the programme to prisoners on a regular basis.

Dorset Primary Care Trust: Substance Misuse

Specialist Area	Substance Misuse
Region	South West
Contact Details	Contact: Frances Stevens Prison Health Development Manager Frances.stevens@dorset-pct.nhs.uk
Brief Description	Methadone Maintenance Project in HMP Dorchester. Working with local DIP so remand prisoners avoid the need for rapid enforced detoxification and minimises risks of unintentional overdose.
Purpose of the Work	

Elmore Project (Oxford)

Specialist Area	Providing care and support to people excluded from general services
Region	South East
Contact Details	Elmore Team 174b Bullingdon House Cowley Road Oxford OX4 1UE T:01865 200130 F:01865 246039 E: info@elmoreteam.org.uk
Brief Description	<p>The Elmore Team is managed by Elmore Community Services (ECS), a registered charity and a limited company.</p> <p>ECS aims to be a leading provider of quality services for marginalised and disenfranchised people. We are recognised by our peers and partners for our expertise in developing and implementing flexible services in complex situations.</p> <p>Elmore is commissioned by partners within Oxford to provide care and support to people who due to their chaotic behaviour have been excluded from statutory services. Often for these people this is the only link to services that meet their needs and they represent some of the most difficult and complex people within the community.</p> <p>The Project provides a support service to clients with multiple needs offering practical help and emotional support as well as advocacy. It also offers an outreach service to rough sleepers with chronic multiple problems.</p> <p>Clients include sex workers, mentally ill people affected by Anti-Social Behaviour Order legislation, A8 migrants, chaotic young people, offenders, Irish travellers and vulnerable people who cannot or will not engage with other services.</p> <p>People who have complex needs often do not meet the criteria of existing services and are not seen as the clear responsibility of any one agency.</p>
Purpose of the Work	

Fulcrum Medical Practice: Drug Treatment

Specialist Area	<p>Primary Care Access</p> <p>Middlesbrough – Partnership Working and Commissioning of Right Services through the Fulcrum Medical Practice</p>
Region	North East
Contact Details	Contact Paul Cutler, DIP Manager p.cutler@addaction.org.uk
Brief Description	<p>The Fulcrum Medical Practice is the key to drug treatment, which is available on Teesside. Only people with a drug problem, or their partners and children are taken on their caseload, which currently has around 1,100 patients on its books. As many as 900 patients at any one time are receiving specialist treatment for addiction problems.</p>
Purpose of the Work	<p>Poor primary care, a 12-week waiting list to get into treatment and reluctance by GPs to offer help to addicts lead to the centre being commissioned under the guidance of Dr Guy.</p> <p>The Fulcrum Medical Practice believes users of illegal drugs are entitled to mainstream GP services, which they provide as well as specialist treatments for addictions. The practice aims to provide breathing space for patients not to depend on street drugs while they get their lives sufficiently organised to take part in other parts of the treatment service.</p> <p>Middlesbrough is a Phase 1 intensive Drug Interventions Programme area and the Fulcrum Medical Practice has been developed to bridge the traditional gap between statutory and non statutory providers; for example directing clients to either Structured Day Care or to Addaction’s Stimulant Service.</p> <p>The Fulcrum Medical Practice provides clients rapid prescribing, while DIP facilitates contact and information sharing between criminal justice agencies and treatment agencies. The integrated approach also benefits case management and care planning. There is a free exchange of information between all parties, regardless of the status of the client, and the two care co-ordinated posts which exist within the DIP team see their roles as being specifically to create a link between treatment providers, the Probation Service, structured day services and other partnership agencies.</p> <p>Addaction hold the contract in Middlesbrough to provide the whole range of DIP services; from Arrest Referral in the Police custody suites, to the presence of court workers in the town’s two courts, and then onto treatment provisions based within the Fulcrum Medical Practice. A protocol is now in place, which has been accepted as good</p>

Good Practice in Prison Health

	<p>practice nationally, between Addaction and the local prison, HMP Holme House which provides a direct link to the prison based CARAT workers.</p> <p>DIP in Middlesbrough is now designed to provide clients with a “Rolls Royce” service, collecting them from prison gates, taking them to probation within an hour, then to a doctor and with a prescription within another hour. With prejudices abandoned within the Fulcrum Medical Practice, real differences are seen with the exchange of information and excellent team relationships between partners ensuring that the complete service is offered to all clients when required.</p>
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HM Inspectorate of Prisons: Older Prisoners

Specialist Area	<p>HM Inspectorate of Prisons: Older prisoners Thematic Review</p> <p>Frankland (specific needs unit) Equipment and medication advice - age related services <i>Older Prisoners</i></p>
Region	National
Contact Details	
Brief Description	<p>Frankland was the only prison that had a published policy outlining arrangements relating to its 'specific needs unit'. The most impressive aspect of the policy was that it had been produced after full consultation with Age Concern, social services and older prisoners themselves. An occupational therapist had been enlisted to conduct an assessment of the unit's needs in terms of physical alterations and adaptations. The policy included proposed links with voluntary organisations and outlined suitable activities for retired prisoners. It also recognised the special skills required by staff to work in such an environment and sought, within the constraints of attendance patterns, to select staff to work there. An action plan formed part of the strategy document. Although some targets in the action plan had not yet been achieved, the project had evidently been approached in a planned and methodical manner.</p> <p>The specific needs unit was situated on B1 landing and could take up to 36 prisoners in single cells. Access was restricted to vulnerable prisoners aged 50 or over and those with disabilities. At the time we visited, all prisoners on the unit had volunteered to be there and had been subject to a vetting procedure. Healthcare staff also assessed prisoners with disabilities. We were told that all the regular prison officers were trained in 'heart start' techniques and some additional training had been provided by Age Concern and Durham Primary Care Trust. The unit was still at an early stage and internal structural alterations were being undertaken.</p> <p>General</p> <ul style="list-style-type: none"> • Risley had links with Warrington Disability Project, which provided aids and also helped the prison to complete its Disability Discrimination Act assessment • Morton Hall was part of a local PCT which commissioned a full occupational therapy service, including the loan of specialist equipment • Risley's pharmacist had undertaken a review, in line with the guidelines in the National Service Framework, of all prisoners over 65 who were taking prescribed medication <p>Specific Services</p>

Good Practice in Prison Health

	<ul style="list-style-type: none"> • Frankland had a palliative care policy and a copy of the Macmillan end of life care pathway for symptom control • Leyhill had a specific age-related well man clinic • Dartmoor and Frankland had agreements with, or access to, a consultant in older persons' medicine • Acklington used the NHS EMIS system for statistical information, enabling them to tailor healthcare services to the needs of the prisoner population • Wymott had identified a need for designated leg ulcer clinics and staff had been trained in the management of leg ulcers, involving local district nurses to ensure continuity of care. Patients' progress was monitored using Doppler studies and photographic evidence • Morton Hall developed a system that alerted them when women were due to be recalled for health screening such as mammography <p>Risley had adapted the local PCT prophylactic treatment policy to ensure that any vulnerable prisoner who had come into contact with influenza would receive a course of prophylactic treatment</p>
Purpose of the Work	

HMYOI Polmont, Scotland: Primary Care

Specialist Area	<p>Delivering better primary care with emphasis on nursing role</p> <p>Emphasis on health promotion</p>
Region	
Contact Details	<p>Contact details Sandra Hands Head of Health, HMYOI Polmont Room 34, Calton House, 5 Redheughs Rigg, Edinburgh, EH12 9HW</p> <p>Email: sandra.hands@sps.gov.uk Tel No: +44 1312448547 Fax No: +44 1312446995</p>
Brief Description	<p>HMYOI Polmont is the only centre holding convicted young offenders and will hold a significant proportion of remand Young Offenders from the West of Scotland. The age range is from 16 to 21 years.</p> <p>Within the sphere of primary care each nurse has developed at least one area of specific need and interest. The development of health care has enabled the team to progress from a traditional route of the Young Offender reporting sick to a self referral system that allows each Young Offender to specify which particular clinic they wish to attend. Specialist clinics are available to meet individuals with a wide range of health needs.</p> <p>The mental health needs are met through a dedicated Mental Health Team. This team consisting of both psychiatric and learning disability nurses deliver specific services to those Young Offenders suffering from mental health problems. Whilst aiming to provide a setting which encourages positive mental health in all aspects of care, the mental health remit covers a wide variety of issues such as anxiety, low self esteem, depression, ADHD. The team also provides CBT as well as Thought Field Therapy which has to date a 100% success rate. There is a dedicated Addictions Nurse who provides ongoing support for those Young Offenders on a recognised programme of care and treatment. Close liaison with other agencies e.g. Drug action teams, social work, mental health services are maintained to ensure continuity and consistency of care. The Addictions Nurse also tackles the issue of smoking cessation. Programmes are run on a weekly basis. The quit rate at 3 months is 20% and at 12 months is 17%. Interventions from all teams are evidenced through monthly stats and performance targets. Some benefits of the work are:</p> <ul style="list-style-type: none"> • The service provided mirrors that of the community • It is primarily nurse led A high patient satisfaction rate Waiting times are shorter than community

	<ul style="list-style-type: none"> • Customer service recognised through both Charter Mark and Butler Trust • Multi-disciplinary working evident • Meeting Young Offender s health care needs before liberation • Through care services • Empowerment of Young Offenders <p>Main learning points</p> <p>Have confidence in empowering the prisoners to be interested and responsible for their own health. Adopting the principle of self-care allows prisoners to become involved in caring for themselves or at least sharing the responsibility for their care. This allows prisoners to become more educated in their health and illnesses and prepares them for accessing health care services in the community.</p> <p>Treat the prisoner as an individual. Have a holistic approach to their care. Treating prisoners with respect earns respect. Prisoners should be treated how we ourselves would like to be treated when accessing health care services. The prisoner should be cared for as an entire person and not just parts of that person. All their needs should be catered for, and steps taken to meet these needs.</p> <p>Work with others. Use the skills and knowledge of others. Care is everyone’s business. All prison staff should share in the care of prisoners. Multidisciplinary work should be promoted to prevent duplication of work by e.g. mental health teams, social work, chaplains etc. All staff s skills should be utilised.</p> <p>Include prisoners in health care groups, committees. Ensure they have a voice and it is heard. Prisoners should be involved in the decision making process with regard to health care services. They are the best people to tell you what is required to meet their needs.</p> <p>Continually assess services delivered against the health care needs of prisoners. To fully meet the health care needs of prisoners their needs have to be continually assessed. Services are required to be continually realigned to meet these needs.</p> <p>Deliver the same as what the prisoner can expect to get delivered in community. Services on offer should at least meet that which is available in the community. Targets with performance measures should be displayed for prisoners to see. This will reinforce high standards.</p>
<p>Purpose of the Work</p>	<p>The provision and delivery of an excellent standard of Health Care Service is imperative within the prison setting. Here we have a captive audience and as such can tackle health care issues for those who need them the most. Their health is not good when they come into prison, many are quite unwell either due to a physical condition, mental health problem or an addiction problem. We consistently achieve a very positive effect on the general health of the young offenders through a</p>

	<p>model of care that adapts the concept of specialist teams for primary care, mental health and addictions.</p> <p>The health of Young Offenders will improve whilst incarcerated if they access health care services. Examples of this are dental care improves, diabetes is controlled, asthma is stabilised, they stop smoking (quit rate 20% after 3 months).</p> <p>Having empowered the Young Offenders to take more responsibility for their own health care through a model of self care it has given them the confidence and self esteem to access services as and when they need them. They are competent in requesting and taking care of themselves and other less able young offenders e.g. Those with a learning disability. Young Offenders are equal partners in Health Care Committees and groups. They are outspoken within these groups and are excellent in providing ideas and suggestions.</p>
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HMP Littlehey: Sexual Health

Specialist Area	Sexual Health
Region	Eastern
Contact Details	<p>Name: Anthony Blades Job title: Head of Healthcare</p> <p>Address: HMP Littlehey, Perry, Huntingdon, Cambridgeshire, PE280SR</p> <p>Email: Anthony.blades@hmps.gsi.gov.uk</p> <p>Tel No: +44 1480 333229 Fax No: +44 1480 333067</p>
Brief Description	<p>Good practice, demonstrating effective cooperation between a prison and the outside community, in the area of health improvement.</p> <p>A Holistic Approach to Men’s Sexual Health within HMP Littlehey.</p>
Purpose of the Work	<p>Provide an equitable, holistic, innovative sexual health programme to promote physical and mental well being. Target group are men at risk of contracting a sexually transmitted disease either whilst in prison or prior to incarceration. The programme scope is open to all ages, genders and sexual preferences. Staff engagement is a key element in the programme success. Coverage is prison wide, with monthly groups acting as the catalyst for further care.</p> <p>The initiative is important because men’s sexual health in prison is often misunderstood, misrepresented and under resourced. The health needs addressed are social, emotional and spiritual discrimination amongst gay, bisexual and transgender prisoners. Needs assessment was prisoner driven. The programme aimed to mirror access to services within a community. The programme was established to provide a needs-led service to address and promote safe sexual practice and acted as a catalyst for the introduction of a condom policy within the prison</p>
Objectives	<p>Specific objectives:</p> <ul style="list-style-type: none"> • Safe sexual practice in prison • Reduce isolation • Reduce discrimination • Promote Hepatitis B Vaccination Programme • Confidential Access to Hepatitis B/C Screening and HIV Testing <p>There is extensive prisoner involvement in planning and delivery. Following discussions with several prisoners a need was identified.</p>

Good Practice in Prison Health

	<p>Multi-disciplinary support was gained via the HASH (Huntingdon Action for Sexual Health) Committee. From this embryonic stage, the programme can now boast robust multi-disciplinary input and support.</p>
	<p>HMP Littlehey: a category C training prison. Operational capacity is 706 male prisoners. The prison populous has a turnover of 25% every 3 months. Half of inmates having an index offence of a sexual nature. The prison has a broad remit to run offending behaviour courses such as the Sex Offender Treatment Programme (SOTP), SOTP Booster Programme and the Enhanced Thinking Skills (ETS) programme. Littlehey has a dedicated team for drug rehabilitation and counsellors who provide courses and counselling for prisoners with drug addictions and associated problems. Resettlement courses are run in association with a foundation training company and NACRO.</p> <p>Real Voices aims to address the needs of sexually insecure, isolated, vulnerable prisoners. It is a link between the Healthcare Centre and this target group. It provides practical advice on sexually transmitted infections, facilitating a proactive condom policy. An open access facility exists for prisoners.</p> <p>The inclusion of an officer allows joined up working with wing-based problems specifically bullying. Outside speakers are invited to the programme addressing issues such as sexual practice and access to the Pink Paper. Upon discharge, the programme links into a local support groups and networks in order to ensure continued input.</p>

HMP Holloway Resettlement Team: Continuity of Care

Specialist Area	<p>Assessment process/Care Plan</p> <p>Continuity of care and better care planning</p>
Region	London RDC
Contact Details	Further information is available from michael.daniels@hmps.gsi.gov.uk
Brief Description	
Purpose of the Work	<p>The document developed by Holloway’s Resettlement Team, which is used from the day of the woman’s admission, is a good example of single assessment documentation which allows input from different disciplines and remains with the woman during her stay in Holloway, ensuring that all staff are aware of her situation and facilitating a holistic approach to her care, rehabilitation and release.</p> <p>The Holloway resettlement unit’s contact with women is now on their first night in custody, and the team continues to work with women throughout their stay. Their new approach includes information collection, early decision making, intervention and beginning to plan for release as soon as possible after admission. The team recognised the lack of linkages between the various initiatives in Holloway and noted there were 11 separate assessments which contained 60% of the same questions. Use of the new assessment form saves substantial staff time and reduces the tension caused by different officers asking women for the same information on a number of occasions. The first 2 pages of the form are completed in reception on the first night by a voluntary sector team. (At the same time a health assessment is completed by healthcare although the form contains some health questions.) The following day if they are fit, women go to resettlement and a prison officer completes the rest of form with them. On occasions, forms are sent to detox/health care for completion and the women then visit resettlement when fit.</p> <p>When all questions are completed, another officer reviews the form and an action plan is drawn up, with decisions rapidly made on where the women should be referred and what work/programmes to be undertaken – i.e. Bail information, referral to legal services, referral to the benefits in-house worker, housing issues, educational needs, children’s and families issues, life skills, basic health questions refer</p> <p>CARATs – (any suggestion of intent to self harm generates a different coloured folder) referral to CMHT/open 2052/ etc.</p>

HMP New Hall and Pinderfields and Pontefract NHS Trust supported by Wakefield Health Action Zone: Health Promotion

Specialist Area	Working together - Health Services in Wakefield and HMP New Hall Health Promotion & Chronic Disease management
Region	North East & Yorks
Contact Details	<p>http://www.nyx.org.uk/modernprogrammes/improvinghealth/goodpractice/nov2001/newhall.html</p> <p>Lead Contact: Val Barker Assistant Director of Public Health, Wakefield Health Authority, White Rose House, West Parade, Wakefield. West Yorkshire. WF1 1LT. Tel: 01924 814742 Fax: 01924 814742 Email: val.barker@gw.wakeha.northy.nhs.uk</p>
Brief Description	<p>This is a partnership between the Prison and Pinderfields and Pontefract NHS Trust supported by Wakefield Health Action Zone. It aims to:</p> <ul style="list-style-type: none"> • Provide screening, education management and support for asthma and diabetes that is equitable to primary care; • Develop strong links with local mainstream services alongside a robust method of ensuring that health information follows the patients; • Reduce the impact of professional isolation of prison health care staff by developing mentoring and shared learning opportunities.
Purpose of the Work	<p>During the first year of the project the following has been achieved:</p> <ul style="list-style-type: none"> • Audit and assessment in relation to the management of asthma and diabetes; • Accredited learning opportunities for all staff in accordance with their needs and the needs of their patients; • A mentoring scheme for the nurses leading the service; • Shared local guidelines for the management of asthma and diabetes; • A range of educational resources for prisoners, staff, visitors and other health care professionals all specific to the prison environment;

- The development of clinical workbooks designed for all grades of staff to foster self-learning. It is hoped that these will become an integrated component of the NVQ for Custodial Care.

The Health Advisor Project

Two experienced Health Visitors are based within the Young Offenders wing at HMP New Hall and offer advice, support and health interventions on a wide range of issues relating to physical, emotional and mental health as well as general wellbeing. All offenders are offered a full assessment within seven days of admission. This assessment issued forms the basis for developing a personal health plan for each young woman.

Health interventions are offered on both group and individual basis. The following areas are highlighted as key issues; substance misuse; emotional health; smoking; traumatic childhood experiences; healthy eating; self-esteem; anger management; child care and women's health.

The Health Advisors also assist the young women to access through care services after release from prison. This is crucial in giving the young women the information and confidence to access the care and support they need to take control of their well-being after release. An exit questionnaire is completed by all young women following their attendance at any Health Advice session and has provided excellent responses. The project has developed a detailed health profile of this part of the prison population highlighting their specific needs.

The New Hall Detoxification Unit

Substance misuse is a particular problem for many of the women in HMP New Hall. With a view to tackling this problem, a detoxification unit was established in October 2000. This unit aims to provide an individual treatment programme for women who misuse drugs, based on a careful assessment and the development of individual treatment plans. The staff at the unit have undergone specialist training and have worked closely with the specialist substance misuse GP in the local Primary Care Trust. Prison staff have attended community treatment clinics and have access to prescribing and other protocols developed in the community. Prison staff have become members of the Drug Action Team and Shared Care Monitoring Group to ensure that equity in treatment in and out of prison.

Mechanisms are being developed with Wakefield, Calderdale and Kirklees Health Authorities to through care and information flow of patient information.

Multi-agency training programmes for Officers.

Prison and Health Care staff are actively involved in a number of multi-agency training initiatives, funded by partner agencies. These include:

- Substance misuse awareness;
- Sexual Health awareness;

Good Practice in Prison Health

	<ul style="list-style-type: none">• Training for the Trainers - substance misuse;• Diplomas in Health Promotion;• Smoking Cessation Facilitation;• A range of accredited training and mentoring programmes for asthma and diabetes management.
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HMP Wymott: Older Prisoners

Specialist Area	<p>Managing Older Prisoners at HMP Wymott</p> <p>Establishing an older prisoner community to provide better environment and all round care</p>
Region	<p>North West</p>
Contact Details	<p>David Fry is Head of Residential and Deborah Howe is the Health Care Manager, both at HMP Wymott.</p>
Brief Description	<p>Wymott is a Cat 'C' prison housing 1040 prisoners, of which approximately 50% are classed as 'vulnerable prisoners'. The age profile of this vulnerable population averages 45 years compared with the remainder of the prisoner population at 24 years of age. Wymott holds approximately 157 prisoners aged 55 or over. Many of this age group suffer from multiple physical and mental health problems.</p>
Purpose of the Work	<p>Most prison accommodation is built to house people with good mobility and low social care needs. Consequently, the elderly and disabled are subsumed into the general population coping as best they can. They are, by nature of age and health requirement, high maintenance in terms of staffing and finances.</p> <p>Our Elderly and Disabled Community is a local initiative born out of this need, and an effort to support and resettle members of this community back into mainstream society successfully. Provision has been made for 48 older prisoners to live in a community of equals. This community is located on one wing and generally houses an age range of over 50's. The environment is suitable for mobile, continent, rational people who are able to manage their own physical and personal care needs.</p> <p>The Community does not only cater for the health and care needs of its members but ensures they are actively employed and mentally stimulated. Those that have decent mobility can still access the work areas and education within the prison, along with the general population. Those less mobile are able to access work and education brought into the Unit, this gives them a sense of worth, the ability to earn money and increase their educational needs. The members of the Community have developed good citizenship skills, providing support to each other and learning to tolerate others that are less fortunate than them.</p> <p>Managing Increased Dependency</p> <p>The consequence of forming a community of this nature is that some will inevitably develop increasing dependency in terms of both physical and mental health. There are currently ten prisoners in the Community who require help with mobility, washing, dressing, cell cleaning and gaining access to meals, drinks and association rooms.</p>

	<p>Some people have had to remain in an acute hospital bed as there has been no facility within the prison to meet their social care needs. In the community, such needs would be met through home carers, residential care homes or nursing home facilities. Wymott aims to provide an equivalent level of health and social care to its older prisoners as is available in the community for their counterparts.</p> <p>In an attempt to meet the increasing social and physical care needs of older people in the prison, we have recognised that the prison needs to provide a suitable environment and expertise. A small wing of six cells is currently being refurbished and equipped to provide the facilities that will enable the more physically dependant people to be managed from both a security and social care perspective within the prison environment. It is expected that this facility will prevent delays in discharging people from hospital and minimise the need for people to go to outside hospital.</p> <p>A care assistant, currently funded through prison healthcare money, comes into the prison twice a week to assist with bathing. Prisoner officers are providing assistance with other aspects of physical care needs. This is not an ideal situation for either the staff or the prisoners, but is borne of necessity. Prisoners receive social care assessments in order to determine the level of social care need on an individual basis. This is the system that is available to other older people with social care needs in the community. It provides an objective assessment of care needs and recommendations about how they should be met.</p> <p>I wing was used solely to house older and infirm vulnerable prisoners of any age. Four prisoners were unofficial helpers for the particularly infirm on the wing. During our recent full inspection in December 2003, we were told that policies and procedures for the wing were in the process of being prepared and that a report had been written by the local primary care trust's occupational therapy department. The report outlined what was required for the future though not in detail. In addition to I wing, six downstairs cells in the healthcare centre were being developed as a unit for disabled and older prisoners. We were also told of plans to open a unit for prisoners with dementia in the future.</p>
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HMYOI Brinsford: Continuity of Care

Specialist Area	<p>Delivering integrated services to offenders in the community and models that enable continuity of care for offenders upon release from prison</p> <p>Primary Care Mental Health</p> <p>Substance Misuse</p>
Region	West Midlands
Contact Details	<p>Marie Painter. Primary Mental Health Lead. HMYOI Brinsford. 01902 532 543.</p> <p>marie.painter@hmps.gsi.gov.uk</p>
Brief Description	<p>HMYOI Brinsford has a dedicated primary mental health care team which focus on a holistic assessment tool based on world health organisation recommendations. This tool enables us to identify not only the primary mental healthcare needs of prisoners, but also issues relating to social exclusion. Isolation, homelessness, unemployment and fatalistic attitudes are actively addressed as a positive basis towards achieving good mental health. Those individuals without GPs are registered prior to release and full discharge packages are arranged in conjunction with the mental health charity rethink. This may include referral to local CMHT, GP appointments, befriending, telephone help lines, drop in centre arrangements, contacts with voluntary work - whatever the individual need is.</p> <p>We also have a substance misuse team which works within the healthcare centre. On arrival at the establishment, all those individuals highlighted as having a substance misuse problem will be seen and assessed by the substance misuse team. Detox programmes based on individual requirements are arranged and individuals are actively monitored during this period. On leaving prison arrangements are made for the individual concerned to continue his treatment with the appropriate agency, again based on individual need. There are also arrangements being made for those individuals with both a mental health problem and substance misuse problem to be seen by both the primary mental health and substance misuse teams.</p>
Purpose of the Work	

HMYOI Brinsford: Use of Voluntary Sector

Specialist Area	<p>Voluntary sector involvement in delivering or commissioning services to offenders either in community or prison</p> <p>Mental Health</p>
Region	West Midlands
Contact Details	<p>Marie Painter. Primary Mental Health Lead. HMYOI Brinsford. 01902 532 543.</p> <p>marie.painter@hmps.gsi.gov.uk</p>
Brief Description	<p>HMYOI Brinsford have introduced Rethink, a voluntary mental health charity into it's healthcare setting. They work with those individuals who have primary mental health problems. They offer choice and diversity and address mental health in a variety of engaging ways. Rethink come in one day a week at present. To date sessions have been held on coping with schizophrenia, anxiety, panic attacks, medication and it's pro's and cons and self help. Focus on art, poetry, music and relaxation. The group are currently involved in producing a poetry book with a focus on mental health which will eventually be available for those on the first night landing.</p> <p>The group are also devising a selection of literature based on mental health problems which will be distributed around the prison. We are also implementing an advocacy service for all those individuals who require the service who are under the care of the psychiatrist.</p>
Purpose of the Work	

HMYOI Brinsford: Primary Mental Health

Specialist Area	<p>Meeting healthcare needs of offenders in the community, disadvantaged groups or offenders in prison</p> <p>Primary Care Mental Health</p>
Region	West Midlands
Contact Details	<p>Marie Painter. Primary Mental Health Lead. HMYOI Brinsford. 01902 532 543.</p> <p>marie.painter@hmps.gsi.gov.uk</p>
Brief Description	<p>Dedicated primary mental health team set up to acknowledge the importance of primary mental health needs. Full holistic assessment and identification of poor mental health and issues of social exclusion. Clear referral pathways to in-reach team - those needing secondary care have access to forensic CAMHS, psychology, psychiatrists, social worker and occupational therapist. Focus on choice, empowerment and diversity. Groups run in conjunction with Rethink, to cover a range of topics, education on specific illnesses, information on medications, coping skills groups - mental health addressed in a variety of ways appealing to young people - i.e. - art, music, poetry, relaxation techniques.</p> <p>Physical health needs are also comprehensively addressed. Nurses visit the prison wings on a regular basis throughout the working day. There is an open referral system by which young people can access the nurse. Clear care pathways steer the individual to the appropriate source of treatment - G.P., dentist, physiotherapy, chronic disease clinics etc. There is also an established RAPPER clinic, ' Right Attitude to the prevention of problems and effective remedies', basically a well man clinic.</p>
Purpose of the Work	

HMP/YOI Guys Marsh: Integrated Services

Specialist Area	Delivering integrated primary and community services to offenders in prison
Region	South West
Contact Details	Contact Simon Coombes Simon.Coombes@dorset-pct.nhs.uk Contact: Frances Stevens Prison Health Development Manager Frances.stevens@dorset-pct.nhs.uk
Brief Description	At HMP/YOI Guys Marsh the Primary Mental Health care service is integrated with the Local CMHT providing a seamless primary to secondary link that is replicated in the local community. The Primary care service in the prison replicates the local primary care service in the community with identical Pathways being followed. Primary to primary link. This model is being explored in other prisons across the South West. Mental health provision is based on a community model, with primary care provided from within the establishment with liaison and input from the local CMHT.
Purpose of the Work	

Kent Primary Care Trusts: Prisoner on Release Pilot

Specialist Area	<p>Kent Prisoner on Release Pilot</p> <p>Example of planned integrated continuity of care jointly commissioned</p>
Region	South East
Contact Details	Contact: Alison Lorimer South East Coast SHA Steve Cochrane Canterbury and Coast PCT
Brief Description	Working with partnership agencies in Kent led by health have developed a scheme that gives prisoners access to primary care on release from prison. The scheme has only just started but is strongly supported by both prison and probation within the area as a key element of reducing re-offending and public protection.
Purpose of the Work	<p>AIM: to support in practical terms the community based health related pathway to maximise the opportunities to improve the health of offenders in Ashford area as part of the regional strategy to reduce re-offending in the South East.</p> <p>MANAGING AND SUPPORTING PARTNERS</p> <ul style="list-style-type: none"> ▪ Kent & Medway Probation Service ▪ Canterbury & Coastal PCT ▪ Kent DAAT ▪ Kent Community Action ▪ Kent & Medway Health & Social Care NHS Partnership Trust ▪ South East Coast SHA ▪ East Kent Health Promotion Service <p>METHODOLOGY</p> <p>Close partnership links will be initially established at the local level (Ashford) between the Senior Probation Officer and the Offender Health Lead from C & C PCT. A methodology to introduce initial health screening/status will be implemented and an initial cohort of 100 offenders will be chosen at random. This will establish an overview as to:</p> <ul style="list-style-type: none"> • Levels of access by offenders to local primary care services including GPs

	<ul style="list-style-type: none"> • Levels of health & lifestyle status including <ul style="list-style-type: none"> - smoking - alcohol &/or drugs - exercise - weight & height <p>Where the offender is not registered with a GP practice they will be encouraged and/or assisted to register and seek an initial assessment appointment.</p> <p>The need for other agencies interventions will also be addressed and passed to them for assessed and if required access to the relevant service.</p> <p>OUTCOME MEASUREMENT</p> <p>Performance will be judged against the relevant targets within the five cited areas of the Mental & Physical Health, Drugs & Alcohol pathway suite of targets in the Strategy to Reduce Re-offending in the South East (pages 40-41 para 6; 1-5).</p>
Objectives	<ul style="list-style-type: none"> • To ensure integration of healthcare for offenders within the Ashford community with mainstream services and thereby maintain continuity. • To encourage and ensure that there is opportunity for offenders to chose healthy lifestyles in the community • To register more offenders with a GP in their home community and to facilitate enduring access to healthcare • To improve assessment, referrals and access to treatment, information and advice for offenders with drug, alcohol and other lifestyle needs

HMP Leeds and Leeds PCT: Diabetes

Specialist Area	<p>Unique pioneering project targets diabetic prisoners</p> <p>Chronic Disease management</p>
Region	<p>North East & Yorks</p>
Contact Details	<p>PRISONERS in Leeds are benefiting from fundamental changes to the delivery of diabetes care thanks to a unique partnership between the Prison Service and the Trust.</p>
Brief Description	<p>Since the introduction of the Diabetes Care scheme in Leeds Prison, the number of prisoners needing hospital treatment for diabetes-related illnesses has fallen dramatically. The scheme has improved the wellbeing of inmates at the jail by taking a more proactive stance over the delivery of care.</p> <p>The Trust’s specialist diabetes nurse Linda Clapham, who together with prison staff nurse Julie Norman came up with the idea of re-devising the existing system, said: “There are a lot of security issues associated with diabetes in hospital. When a prisoner is taken ill as a result of diabetes he is taken either to the hospital wing at the prison or, if it is more serious, to one of the hospitals in Leeds. This raises several problems, such as the question of prisoner dignity and resources to guard them.</p> <p>“The scheme has been about taking a much more proactive stance in the 18 months since it was launched to ensure fewer prisoners require hospitalisation.” She added the results had been impressive with:-</p> <ul style="list-style-type: none"> • The target of 75 per cent of prisoners managing their diabetes already met • All prisoners being screened for eye complications • A reduction in hypoglycaemia. <p>“I’m very pleased with how the project has progressed. It seems to be a success with the prisoners themselves, many of whom are young men who would regularly fail to meet their appointments and face up to their diabetes outside of prison. One inmate, who was recently released, told me the diabetes care he received in HMP Leeds was the most positive thing he took from his time in prison as it finally enabled him to manage his diabetes.”</p> <p>The project has been cited as a successful example of joint working between LTHT, HMP Leeds and Leeds West Primary Care Trust to develop innovative practice in prison health care.</p>

Good Practice in Prison Health

Purpose of the Work	
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Leeds Youth Offending Service: The D'Fuse anger management programme

Specialist Area	Younger Offenders Behaviour management
Region	North East & Yorks
Contact Details	
Brief Description	<p>Diane Brown and team from the Leeds youth offending service. Their project, D'Fuse, is an anger management programme for the 10-17 year age group, whose poor control of temper contributed to their involvement with the criminal justice system.</p> <p>"An in-depth and empathetic understanding of the needs of this client group has led to the development of a well constructed intervention," judges said. "This is clearly delivered with enthusiasm and underpinned by an ability to see positive qualities in clients who have challenging needs."</p>
Purpose of the Work	

London Resettlement Team

Specialist Area	<p>Offender Resettlement – Wormwood Scrubs</p> <p>Social care, housing and health</p>
Region	<p>London RDC</p>
Contact Details	<p>Contact Details Crime and Drugs Resettlement Team Tel: 020 7217 3002/3008 email: Resettlementstrategy@gol.gsi.gov.uk</p>
Brief Description	<p>The London Resettlement Team is based in the Government Office for London (GOL) and is a small, multi-agency team comprising employees from GOL, the Prison Service, the Home Office, the National Offender Management Service (NOMS) and the Department for Work and Pensions. It has produced a resettlement of offenders strategy.</p>
Purpose of the Work	<p>Under a pilot scheme, prisoners anywhere in the country can transfer to Wormwood Scrubs, where there is a project preparing people for release and resettlement into accommodation. Stepping Stones is a Christian charity with workers at Wormwood Scrubs, dealing with housing provision, move on, etc.</p> <p>The London resettlement strategy is the first phase in developing London's reducing re-offending action plan and sets out how London's service providers will work closely together to improve resettlement. The strategy will initially be piloted using a special dedicated resettlement unit at HMP Wormwood Scrubs, from where prisoners will be re-integrated into eight London boroughs.</p> <p>The pilot project is based on a ground breaking level of partnership between public, private and voluntary sectors with a wide number of agencies working with offenders both inside and outside the prison to help their re-introduction into the community. The pilot scheme will be extended to Holloway in June 2006, and then rolled out across all London prisons in 2007.</p> <p>Every month approximately 1,200 prisoners are released into the wider community in London. The strategy is designed to improve the resettlement provision for these prisoners, and provide them with the best opportunity to reintegrate into the community and live successful, crime free lives on release.</p> <p>The strategy will focus on finding ex-prisoners accommodation and sustainable employment. It also sets out a number of provisions designed to address issues such as drug dependency, mental health problems and debt.</p> <p>The strategy recognises that almost half of those released from London's prisons are from black and minority ethnic communities and</p>

Good Practice in Prison Health

	<p>includes a number of commitments designed to meet the needs of these offenders. These include working with a wide range of the voluntary sector organisations and different faith groups which can play a vital role supporting their resettlement needs.</p>
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London Resettlement Strategy: Multi-Agency Approach

Specialist Area	<p>Lead Organisation: Regional Offender Manager’s Team for London.</p> <p>Multi agency approach - Continuity of Treatment</p>
Region	<p>London RDC</p>
Contact Details	<p>Contact Details Crime and Drugs Resettlement Team Tel: 020 7217 3002/3008 email: Resettlementstrategy@gol.gsi.gov.uk</p>
Brief Description	
Purpose of the Work	<p>The overall strategy is aimed at improving rehabilitation back into the community by reducing identified gaps in services and increasing opportunity for engagement with mainstream services upon being released from prison.</p> <p>It was launched in September 2005 with a phase 1 pilot based at HMP Wormwood Scrubs where a dedicated resettlement wing has been established. Prisoners targeted for the pilot are those who are set to return to one of eight boroughs within the West London geographical area and who have a minimum of one month and a maximum of nine months left to serve on their sentence.</p> <p>Those individuals involved in the pilot are housed on the resettlement wing to enable a process for multi agency intervention in preparation and planning for discharge back to their identified local community. It does not leave prisoners isolated when released from prison in that they can begin to develop relationships with different services in the community whilst they are in custody, which will then be progressed after release. A second pilot will be launched later in 2006 with female prisoners at HMP Holloway.</p> <p>The strategy document additionally describes the scheme as a ‘living’ process that will be continually reviewed and updated. An update to the strategy will be published next year which will recommend action to improve provision for the offender population not addressed within the initial strategy – e.g. those on community orders, remand prisoners and foreign nationals.</p> <p>Achievements</p> <ul style="list-style-type: none"> • The ability to recognise the barriers and remain conscious of these in implementing of the strategy.

Good Practice in Prison Health

	<ul style="list-style-type: none">• To already realise the service gaps from prison discharge to community integration.• To deliver multi organisational services that remain individual need focussed• To integrate custodial and community processes and ensure continuity.
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Maple Access Northampton: Primary Care Access

Specialist Area	Access to Primary Care for socially excluded groups
Region	East Midlands
Contact Details	<p>Contact numbers 01604 250969 (telephone) 01604 611091(fax) Email address info@mapleaccess.org.uk</p> <p>Postal address 17 - 19 Hazelwood Road Northampton NN1 1LG http://www.mapleaccess.org.uk/index.htm</p>
Brief Description	<p>Maple Access Practice is a GP surgery which engages with very chaotic drug users, many of whom have further issues such as homelessness and sex work, with consequent further implications for women's health.</p>
Purpose of the Work	<p>Maple's priority is harm minimization and retention in treatment. It endeavours to be as flexible as possible to be accessible to even the most chaotic clients, by offering drop-in sessions for engagement with clients and offering script renewals; smear tests; signposting; maintaining its 'retention in treatment' ethos. They also offer a medical drop-in service in the morning for non drug-related problems that patients might experience. In addition to individual sessions with clinical staff, Maple provides access to a practice counsellor and an Arts Psychotherapist for people who lack verbal skills.</p> <p>Maple directs clients to other services for more structured rehabilitative treatment, or help with other issues such as housing. Maple sees itself as fulfilling its part of a jigsaw of services for drug users. Maple liaises with the Council about housing, probation about drug use, and social services about child protection issues. A Welfare Rights Advisor visits Maple once a week, and has a particularly good relationship with CAN homeless service, which is maintained through regular meetings between staff at the agencies.</p> <p>As a PMS practice, Maple receives most of its funding from the PCT. It also retains some funding from its time as a charity, which will pay for a drug worker for the next two years. Maple also receives a contribution from Northamptonshire DAT & the service intends to be a commissioned drug service in the future (with interim money from CJIP).</p> <p>Maple Access provides general medical care with additional options for treatment using complimentary medical techniques alongside traditional medical practices. Maple Access opened in 2001. As well as catering for local residents in Northampton town centre, the practice has, from the outset, specialised in serving disadvantaged and vulnerable people who often find it difficult to access the</p>

	<p>essential primary health services they need. The practice grew from work carried out with the Northampton Soup Kitchen and the CAN Homelessness Centre in Ash Street in the 1990's where a primary care service for the homeless people, who often find it difficult to register with a GP practice, was pioneered.</p> <p>Since then Maple Access has gone from strength to strength and now provides a full range of primary health care services for a broad range of patients, including homeless people, people with drug and alcohol problems, Travellers, Asylum Seekers and Refugees. These groups often have complex health and social problems that require intensive services and support. Maple Access now cares for 2500+ registered patients and has been so successful that we have now moved to larger premises, where we have been able to expand to meet the growing local need for this type of care.</p> <p>We now have 3 General Practitioners, 2 Practice Nurses, a Public Health Nurse, 2 Mental Health Practitioners, a Midwife, 2 Health Visitors (1 for Travellers), an Associate Nurse, a District Nurse, a Clinical Support worker and a Drugs Worker on the main staff.</p> <p>We are also able to offer services from an Acupuncturist, a Counsellor, someone from Welfare Rights, Can Homeless Team, Shared Care and Aquarius. All these people are assisted in their jobs by our Business Development Partner, Practice Manager and Finance Officer, along with a very strong Reception, Secretarial and Administration Team who keep everything running smoothly.</p> <p>We encourage respect for all and will not tolerate racist, homophobic, sexist or other discriminatory comments on our premises.</p>
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NACRO Report: “Mentally Disordered Offenders South West Scoping Survey”

Specialist Area	<p>Good practice in establishing the health care needs of offenders in the community, disadvantaged groups or offenders in prison</p> <p>Multi agency working</p> <p>Mental Health primary care</p>
Region	South West
Contact Details	Contact person: Jackie.prosser@nimhesw.nhs.uk
Brief Description	<p>The NACRO report “Mentally Disordered Offenders South West Scoping Survey” highlights areas of best practice and the gaps which currently exist. It also makes general suggestions about what arrangements should be in place. It aims to assist CSIP in the promotion and delivery of the South West Health and Social Care in Criminal Justice programme for extending access to health care for offenders. Work is progressing in developing links between local CMHTs and probation services.</p> <p>The “Trailblazers” programme delivered by CSIP SW has this year involved staff from HMP/YOI Eastwood Park and a local GP practice to work together in developing primary mental health service delivery and sharing good practice.</p>
Purpose of the Work	

Nottinghamshire DAAT: Gender Specific Community Drugs Service

Specialist Area	Substance Misuse Services
Region	East Midlands
Contact Details	Beech House Ransom Wood Business Park, Southwell Road West, Mansfield, Nottinghamshire NG21 0HJ Tel: 01623 414114 ext 6918 Fax: 01623 653145 Email: DAAT.enquiries@newarksherwood-pct.nhs.uk http://www.drugs.gov.uk/WorkPages/Diversity/CaseStudies/1075201785
Brief Description	Women's Drugs Community Service and Women's Drugs Forum in the Nottinghamshire DAT.
Purpose of the Work	<p>Women's drug workers establish and maintain one-to-one relationships with women with substance abuse problems. Drug workers offer a holistic service to women, giving advice and support where it's needed, including on treatment and detox; pregnancy, parenting and relationships; domestic violence; safer using and harm reduction; physical health; loneliness; relapse prevention; housing; and benefit entitlements. The drug workers together form the Women's Drugs Community Service, which ensures that policymakers and those commissioning services in the DAT have the needs of women on their agendas.</p> <p>The Nottinghamshire DAT has always sought to be proactive in addressing the needs of women drug users and improving access for women. A Women's Drugs Forum was set up in 1996-97, to look at the developmental needs of drug services for women, and it then commissioned a single women's drug worker for Nottinghamshire, in 1999. After formal research & assessment, project was expanded to form the Women's Drugs Community Service, which not only works with users in one-to-one relationships, but also supports: the families of users; the 30 treatment providers in the DAT area, through training and advice; those commissioning services within the DAT; and wider policy makers.</p>

Ormiston Children and Families Trust

Specialist Area	Support to families of offenders and socially excluded groups
Contact Details	Contact: http://www.ormiston.org/home.html Registered Office Ormiston Children & Families Trust, 333 Felixstowe Road Ipswich IP3 9BU Tel: 01473 724517 Fax: 01473 274255 E-mail: enquiries@ormiston.org
Brief Description	Holistic approach to need of offender and their families VCS involvement with hard to reach and socially excluded groups
Purpose of the Work	Within the Eastern Region there are many children and young people in both urban and rural communities experiencing significant hardship and disadvantage. Our <u>community projects</u> are in the heart of many of those neighbourhoods, providing a wide range of family support services. Securing the views and wishes of families through <u>research and consultation</u> makes sure that our services are effective in meeting the needs of children and young people. By raising awareness of the emerging issues we can remove the barriers which block healthy development and well-being. In sharing those findings through <u>publications</u> , events and promotional activity we promote good practice and influence policy development within government and the voluntary and statutory sectors.
Objectives	Under the <u>Time for Families</u> initiative, we provide family support services at eight of the region's prisons. Our role is to enable children and young people to maintain meaningful contact with their imprisoned parent or relative. This is achieved through the provision of child friendly visits, parenting courses and information and support. This work is currently being extended to include support to families in the community.
Example Publications	My Mum/Dad's in Prison leaflet set A photocopying pack which looks at ways to help children deal with the imprisonment of a parent. You can download each leaflet free by making your selection below: Promotional Poster & Set Cover Visiting Prison What Shall I Tell the Children?

Good Practice in Prison Health

	<p>Being a Parent</p> <p>Being a Carer</p> <p>My Mum's in Prison - I need to talk</p> <p>My Dad's in Prison - I need to talk</p> <p>My Special Book - I am going to see my mum</p> <p>My Special Book - I am going to see my dad</p>
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Portsmouth PCT, Hampshire Probation and HMP Kingston

Specialist Area	Portsmouth Offender Health Trainers Health Promotion
Region	South East
Contact Details	Contact Louise Bevan Portsmouth PCT
Brief Description	
Purpose of the Work	<p>Portsmouth City Primary Care Trust working with Portsmouth Probation and HMP Kingston is developing offenders as Health Trainers. Offenders in the probation setting will work with probation services to signpost offenders into healthier lifestyles through accessing advice and services aimed at improving health and reducing offending behaviour. In the prison setting it is also aimed at changing lifestyles and offering prisoners support towards this objective. Although still at the implementation stage in probation this scheme offers opportunity to improve access to primary care services, tackle health inequalities associated with offenders and supports the objective of reducing re-offending by tackling health issues that lead to offending behaviour.</p> <p>Portsmouth PCT is also developing a similar scheme based at The Foyer, which is a centre for young vulnerable people many of whom have recently left care services.</p>

Rehabilitation of Addicted Prisoners Trust: The Bridges

Specialist Area	VCS Involvement with difficult to reach group Substance Misuse Continuity of Care
Region	North East & Yorks THE BRIDGES, 128 Holderness Road, Hull. HU9 1JP tel. 01482 588 454
Contact Details	http://www.rapt.org.uk/ Riverside House 27-29 Vauxhall Grove London SW8 1SY Tel: 0207 582 4677 Fax: 0207 820 3716 Email: info@rapt.org.uk
Brief Description	The Bridges is a residential treatment which specialises in working with male and female substance misusers caught up in the criminal justice system. The abstinence based programme is based on the 12 steps of recovery developed by AA and NA.

<p>Purpose of the Work</p>	<p>Community Based Services: The Bridges</p> <p>The centre consists of two adjoining buildings. One offers 14 beds for primary treatment. The accommodation for secondary treatment consists of 10 one-bedroom apartments. These provide clients with a real opportunity to experience independent living within a safe environment. Secondary treatment lasts from 3-6 months and includes a resettlement package.</p> <p>Treatment is designed to enable the criminal justice client to leave The Bridges with a stable life structure. Support is provided with regard to employment opportunities and engagement in 12-step meetings.</p> <p>Who is Eligible?</p> <p>RAPt treatment programmes are aimed at any man or woman whose criminal record shows a clear link between their drug/alcohol use and offending. RAPt's experience as a provider of drug treatment services within the criminal justice system has led to the effective provision of specialist services. These include:</p> <ul style="list-style-type: none"> • Collection from Court Provides a guarantee to b the court and the referring agency that the client will enter treatment under the care of the Bridges team. • Regular Testing We provide a minimum of two drug tests and regular alcohol tests the results of which are sent to the relevant case manager. • Progress Reports A monthly progress report is made to the case manager. • Placement Review Regular meetings with the client and agencies to implement an effective care plan. • Resettlement Substance misusers in the criminal justice system often do not have access to stable accommodation , or, if they do, it is in an environment where there is temptation to drink or use drugs. The Bridges has a resettlement worker with the specialist skills required to help clients find suitable accommodation.
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Rehabilitation of Addicted Prisoners Trust: HMP Send

Specialist Area	Drug Rehabilitation within prison Substance Misuse
Region	South East
Contact Details	http://www.rapt.org.uk/ Riverside House 27-29 Vauxhall Grove London SW8 1SY Tel: 0207 582 4677 Email: info@rapt.org.uk
Brief Description	There are programmes run by RAPt in various establishments, but only one in a female prison, Send. RAPt's aim is to rehabilitate offenders from their dependency with the overall aim of breaking the cycle of substance misuse and crime.
Purpose of the Work	In Send, RAPt runs an intensive 12 Step abstinence based drug treatment programme, where women live almost entirely separately from other prisoners for approximately three months, during which time they attend group therapy, individual counselling, task orientated and other groups, meetings and lectures, as well as taking part in physical activities. There are both written and verbal tasks to complete, and the programme is very challenging, requiring a high level of commitment from participants, with high standards of behaviour expected. One of the most important aspects of the programme is peer support, with those further down the 12 Step programme supporting the newer members, and all participants giving feedback to one another in peer evaluations. However, this programme is only able to offer the women the 'Primary Programme' of 12 Step, and it is essential that graduates are able to enter the Aftercare phase, which has as its core 12 workshops which continue the work started on the Primary programme. Women who are released before completing the Aftercare programme & also some of those who have completed it, will require further rehabilitation, and it is important that this can follow on immediately after their release, to support them in their recovery. The women interviewed reported that they felt the programme had helped them considerably, for some may have possibly even saved their lives, and all felt that they now understood their addictive behaviour, had learnt new coping strategies, and were optimistic for their future. The results of a survey (published in 2000 & 2002) on all RAPt programmes show positive results with 53% RAPt graduates remaining drug-free & only 20% having further convictions – the expected reconviction rate is 62% for drug users, and 86% for those who frequently use class A drugs & do not have access to effective treatment. There is currently no data which identifies the rates specifically for women.

Rehabilitation of Addicted Prisoners Trust: Southwark

Specialist Area	<p>Community Based Services:</p> <p>Southwark Drug Intervention Programme Throughcare and Aftercare Team</p>
Region	London RDC
Contact Details	<p>http://www.rapt.org.uk/</p> <p>Riverside House 27-29 Vauxhall Grove London SW8 1SY Tel: 0207 582 4677 Fax: 0207 820 3716 Email: info@rapt.org.uk</p>
Brief Description	<p>Multi-agency working and continuity of care</p> <p>Substance Misuse and continuity of care on release</p>
Purpose of the Work	<p>RAPt provides specialist help to those caught up in the criminal justice system who have drug problems and live in the London borough of Southwark. They aim to build on the work that drug users may have done during their time in prison and reduce the level of relapse and re-offending. The team accepts referrals from:</p> <ul style="list-style-type: none"> • Prison-based CARAT workers • Courts • Police stations • The Probation Service • Social Services • Housing departments <p>All referrals are given an appointment within five days of release. RAPt Southwark DIP team provide care and treatment plans that include: Assessment, Key working, Crisis intervention, Placement in temporary accommodation and residential treatment programmes, Prescription services, Relapse prevention, One to one counselling.</p> <p>The service is designed to support ex-prisoners while encouraging them to progress to longer term support services in order to allow them to fully integrate back into society.</p>

Revolving Doors: Mental Health

Specialist Area	Client focused service – hard to reach groups Mental Health
Region	London RDC
Contact Details	<p>Address: Unit 29 The Turnmill 63 Clerkenwell Road London EC1N 5NP.</p> <p>Telephone: 020 7253 4038</p> <p>E-mail: admin@revolving-doors.co.uk</p> <p>Web Address: www.revolving-doors.co.uk</p>
Brief Description	<p>Mental health group extends support service into prisons Monday January 8, 2001 - SocietyGuardian.co.uk</p> <p>The Revolving Doors Agency is widening its 'link workers' scheme to offer practical help to short-term and remand prisoners.</p>
Purpose of the Work	<p>Larry Ryan is team manager for the Revolving Doors Agency in Islington, north London. He is trying to arrange a meeting with a new client on the phone. Rather than booking a meeting room or fixing a firm appointment, the arrangement seems much less formal. "I'll meet you in that cafe, on the high street, just past the library. I'll be there about 11-ish. Is that OK?" he says.</p> <p>Ryan and his colleagues prefer, when possible, to arrange meetings on territory familiar to their clients. "Many clients have had bad experiences with official agencies," adds Ryan. "We meet people in environments that suit them. It puts them more at ease and allows us to do more comprehensive assessment of their needs."</p> <p>And Ryan's clients do have needs - often multiple ones. Revolving Doors aims to help people who have mental health problems and are particularly vulnerable. It tries to prevent them falling through the net of existing services and ending up on the wrong side of the criminal justice system. It does so by catching them when their lives have reached a point of crisis and they are in contact with the police or the courts.</p> <p>The agency's experimental link worker schemes, which it has been developing for three years, take referrals directly from the police. "We have very open referral criteria which allow people with a broad range of problems into the service. In clinical terms, our clients may not be classed as having 'severe and enduring mental illness'," Mr Ryan explains. "Nonetheless, they are vulnerable, distressed and unable to cope".</p> <p>Ryan and his colleagues see their task as linking clients to existing services and offering them practical support. They do not use the key</p>

	<p>worker system, which is common in the statutory sector. Rather they use a team approach, whereby the team takes responsibility for each client. The teams are multi-disciplinary, with different staff enjoying different backgrounds and expertise.</p> <p>Revolving Doors is now extending this service to mentally vulnerable, short-term and remand prisoners in four prisons: Pentonville, Wormwood Scrubs and Holloway, in London, and Woodhill, in Buckinghamshire. As the probation service has no responsibility for this group, they are often left to fend for themselves after they are released. Revolving Doors will offer practical support before and after release.</p> <p>Research by Revolving Doors indicates that there is a need for the service. Last year, more than 200 people with mental health problems and multiple needs were released from Holloway and Pentonville prisons to just two local London boroughs. Some 40% were not registered with GPs. Housing was also a particular problem - half had been homeless or in temporary accommodation during the previous year.</p> <p>"We found a big gap for services for people on remand or serving short sentences. They were coming out of prison with virtually no services at all except a discharge grant of around 90 quid," says Ryan.</p> <p>The Revolving Doors teams are now training prison staff to refer people with mental health problems directly to them. "We will have a role in linking these clients to other services in the prison," says Ryan. "We will also have a few weeks or months to set things up in the community for when they come out." Once they are released, Revolving Doors will work with clients to give support and to link them to existing services.</p> <p>Liz Dewsbury, manager of the Bourne Trust's First Night custody project at Holloway, welcomes the Revolving Doors approach. "There are projects that deal with housing problems. There are ones that deal with drugs and other issues," she says. "But the Revolving Doors Agency takes the individual and works with the whole person. For instance, if they have a mental health or drug problem they can still help them with their housing needs."</p> <p>Gary Monaghan, head of residents and through care at Pentonville, is equally enthusiastic. "It is a very positive development for both offenders and the community. Hopefully, it will stop prisoners coming back to prison simply because they have mental health problems," he says. It is too early to know how effective these new prison schemes will be, but Larry Ryan is confident that his team of experienced link workers can make a real impact. He is also realistic about how long this will take. "We will link people to services, but for some people existing services cannot meet their needs," he says. "We will have to stay with these people for as long as it takes."</p>
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HMP Send: Therapeutic Community for Women

Specialist Area	Support for women in prison - Therapeutic Community Tackling Offending Behaviour
Region	South East
Contact Details	Contact: Michael Parker, Director of Therapy: 01483 471000 Ext 3250
Brief Description	Send Therapeutic Community (TC) for Women is a supportive environment where women live and work together in order to explore and change problem behaviours relating to their offending.
Purpose of the Work	<p>As well as small therapy groups, which provide a safe space to develop insight into attitudes and feelings which trigger behaviour patterns, the women are also set individual therapy targets, which they work on with the support & feedback from the community. An important aspect of the TC is regular community meetings where women & staff address shared problems, take responsibility for the community and share in decision making.</p> <p>Women are expected to stay for at least 12 months, and will only be accepted if they have taken responsibility for their offences. They must not only accept they have problematic or risk-related behaviours, but be willing to talk about these difficulties and be ready to work towards change. After an initial assessment, the women are accepted on an assessment basis for 2 months before their place is finalised. If it is felt that the TC is not appropriate to the woman's needs, she will be returned to the sending establishment as she will be if she breaches the conditions in the compact of behaviour at the TC.</p> <p>Life in the community is very challenging for the women, but they report positive benefits and the view that it has made them more aware of many aspects of their behaviour and has changed them in many beneficial ways. The women give one another further support through a 'buddying' scheme. The community is in its early stages of development, with the aim of building up to 40 places.</p>

HMP Send: Prison Healthcare

Specialist Area	<p>Prison Healthcare Good partnership working, developing services based on Needs Assessment</p> <p>Continuity of Care on release</p>
Region	South East
Contact Details	<p>For further information contact Sue Southby, Head of Healthcare Sue.Southby@hmps.gsi.gov.uk</p>
Brief Description	<p>In 2004, the Healthcare Service at Send Prison, together with their local Primary Care Trust, completed a Health Needs Assessment of their prison population, to enable them to make plans for their future workforce development to meet the needs of the women appropriately.</p>
Purpose of the Work	<p>As a result of this Assessment, and a Skills Mix Review, the Team which is lead by a Manager with extensive experience of working in an A&E Department, now has a nurse who has specialist knowledge of Substance Misuse, and a specialist Mental Health nurse. The Team is also considering how to make best use of GP time, and whether there are alternative ways of providing the services with high use. The Team intends that all members should have completed the Primary Care Nurse Practitioner Course.</p> <p>The lead nurse for Substance Misuse completed the RCGP's Course in the Management of Substance Misuse, which is open to nurses as well as doctors. She liaises with RAPt staff, and works together with the GP for the service, to review and reduce the women's medication. She also meets regularly with the head of CARATs, and deals with counselling referrals.</p> <p>The new Registered Mental Health nurse has considerable experience in self-harm, and therefore as well as leading on mental health issues, plans to set up groups to help women find different coping strategies, e.g. through CBT.</p> <p>All women have a New Reception health assessment, and are then moved onto an appropriate Health Pathway. For those whose stay is likely to be 0-3 months, they will receive emergency care only (together with maintenance of treatment of existing conditions such as asthma). Those staying for 3 to 6 months can access the GUM Clinic, Optician, Dentist and Hepatitis B treatment service, and those with longer stays can access the full range of health care they would have in the community.</p> <p>As a result of the Health Needs Assessment, the hours of availability of the service have been extended from eight to four only on weekdays, to seven days a week, from 7.30am until 9 pm, staffed by two trained nurses at all times, and with five two hour sessions from GPs. Each GP session has 8 booked and 2 emergency appointments. Team members</p>

	<p>have developed a good relationship with the named midwife from the community who will visit pregnant women in prison.</p> <p>All women are assessed before seeing the GP, using National Triage Guidelines for Primary Care, modified to meet prison requirements/needs, and many are treated exclusively by the nurses. The nurses also visit the women's wings four times a day, to dispense medication and give a rapid response to health concerns.</p> <p>The Healthcare Team maintain a Risk Register, with details of SUIs, outbreaks of infection, etc. Before release, women are offered the opportunity to attend a pre-release clinic, where they are given a letter mapping out their care, medication, treatment programmes, etc, to give to their GP. The admission & discharge co-ordinator also advises that they ask a friend or relative to arrange an appointment for them with their GP within three working days of their release. If a woman has no GP, particularly if she needs regular medication, then the CARATs Team will organise this for her.</p> <p>In order to enable relatives or friends to be involved in the women's care & treatment if the women would like this, the Healthcare Team is also considering opening a clinic during visiting times.</p> <p>The PCT Pharmacy Adviser also runs focus groups within the prison. The Healthcare Team work with the Health Promotion Department of the PCT, and publicise health issues within the prison such as Smoking Cessation, and relevant health 'weeks'. One of the nursing staff and the prison gym instructor have both attended the PCT's Smoking Cessation Course Training.</p>
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South East Coast PCTs, SHA and Partners from Criminal Justice

Specialist Area	Kent & Medway HSC Partnership Board Example of Multi agency commissioning
Region	South East
Contact Details	Contact Alison Lorimer South East Coast SHA
Brief Description	
Purpose of the Work	The Board was established with the support of the Strategic Health Authority and local PCTs to take forward the commissioning and provision of offender health services. Originally based upon the Prison Partnership arrangements the Board was expanded to include probation and now has representatives from Prison, Probation, PCTs (commissioning and public health) SHA, CSIP South East local Mental Health Trusts, Government Office representation and Police. It enables partners to take forward initiatives and agree actions to improve care delivery. All partners are actively engaged and TORs identify the common objectives of the Board towards reducing re-offending, public protection and delivering improved health and better healthcare to offenders in the community and prison.

South Gloucester PCT: Eastwood Park YOI

Specialist Area	<p>Good practice relating to the commissioning of primary and community care services for offenders that provide for integrated delivery and continuity of care</p> <p>Commissioning - Mental Health Services</p>
Region	South West
Contact Details	Contact person Iain Davidson South Gloucestershire PCT.
Brief Description	<p>Cliff Hoyle, Prison Mental Health In Reach Team, has produced a detailed document on developing an offender mental health care pathway at HMP/YOI Eastwood Park. This is detailed work on implementing the “Offender Mental Health Care Pathway” guidance into best practice. This work involved service users as part of the working group.</p> <p>South Gloucestershire PCT are commissioning primary mental health care services into HMP/YOI Eastwood Park that mirror the provision in the local community this includes “Beating The Blues” and Mood Management.</p>
Purpose of the Work	

South West Region: Mental Health

Specialist Area	South West Prisons and Probation- extending mental health awareness
Region	South West
Contact Details	Contact Lynne Elmslie (CSIP South West)
Brief Description	A comprehensive mental health awareness training plan is in place for South West prison staff which includes access to primary care services. This is also being developed for Probation licenced premises. A programme of mental health awareness for listeners is being rolled out, which includes information on and access to primary care services.
Purpose of the Work	

South West Region: Integrated Services

Specialist Area	Delivering integrated services to offenders in the community and models that enable continuity of care for offenders upon release from prison
Region	South West
Contact Details	Contact Simon Coombes Simon.Coombes@dorset-pct.nhs.uk
Brief Description	<p>Resource Packs giving information on local services are to be issued to all prisons in the South West. These have been designed by Louise Spencer who has visited each prison to identify the resources not only in the prison but in the local community. This work is focussed on the follow up support services available to prisoners subject to the ACCT process and also those who are experiencing mental health problems, whether managed by the mental health team or wing staff. The resource is available to all via the intranet, CD or paper copy.</p> <p>Building on this it is planned to include the Probation Service and Bail Hostels in further development of the packs. This is part of the process to provide better access to services in primary care when prisoners are released, joining up with work currently going on in primary care in prisons, the statutory community services and the voluntary sector in order to ensure continuity of care. Cornwall have produced Release Packs for all prisoners returning to Cornwall from Devon prisons. This links with the information resource developed for South West prisons which is now being rolled out to Police authorities and Probation.</p>
Purpose of the Work	

South West Region: Access to Primary Care

Specialist Area	Improving access to primary care for offenders
Region	South West
Contact Details	Contact Lynne Elmslie (CSIP South West)
Brief Description	A scoping report on access to GPs for offenders in South West Probation licenced premises is currently being produced. A comprehensive work plan grid has been developed with South West Probation which includes access to primary care services for offenders in the community and a local central point of contact for mental health services. Work is planned on developing the MAPPA process to enable access to primary care services.
Purpose of the Work	

Wandsworth PCT Substance Misuse Project

Specialist Area	Health Trainer approach Substance Misuse and lifestyle
Region	London RDC
Contact Details	
Brief Description	
Purpose of the Work	<p>When commissioning services for substance misusers, commissioners look at:</p> <ul style="list-style-type: none"> • BME referrals • Assessments • Completed care plans • Retention • Long term outcomes <p>Attrition rates can then be used to ensure equity of access and appropriateness of treatment for all service users. Equity Impact Assessments are integral to the monitoring of individual services and the treatment system as a whole. Translation services are also available. The PCT funds two community workers at the Wandsworth Drug Project. They undertake outreach work, focusing particularly on minority communities that are under-represented in services.</p> <p>They run awareness-raising events and train drug and alcohol misusers to act as peer educators. These peer educators then spread accurate information about drugs and drug treatment services within their own communities. The community workers also work with community groups, helping them to come up with proposals for funded activities for which a sum of money is specifically set aside for work in diverse communities across the borough. A previously inexperienced drug worker was recruited from one of these communities, and now works in the service as a trainee.</p>

HMP Wormwood Scrubs: Integrated Substance Misuse Working

Specialist Area	Substance Misuse
Region	London RDC
Contact Details	<p>HMP Wormwood Scrubs Substance Misuse Service, Conibeere Unit HMP Wormwood Scrubs, Du Cane Road, London W12 0AE Telephone:020 8588 3655/3214 Service manager Steve Tutty (Lead Nurse) Scheme manager Steve Tutty (Lead Nurse)</p>
Brief Description	<p>HMP Wormwood Scrubs Substance Misuse Service, Conibeere Unit, provides an inpatient detoxification unit and maintenance for HMP Wormwood Scrubs prisoners.</p> <p>We offer an easily accessible service that aims to meet the needs of inmates who have substance misuse problems and want help to stop.</p>
Purpose of the Work	<p>Our aim is to provide a safe environment for inmates to detoxify from illicit drugs and/or alcohol. We also offer inmates health advice and information, and provide appropriate and effective treatment tailored to each individual inmate's needs. In order to provide integrated care, we work closely with GPs, Drug Treatment Centres, CARAT Teams, In-Reach Teams, and other Services in order to provide support for resettlement and through care with Statutory and Voluntary Agencies.</p> <p>There is an open referral system internally. To be eligible for the service, inmates must require alcohol or drug detoxification.</p>

The 218 Centre, Glasgow: Substance Misuse – Vulnerable Groups

Specialist Area	Centre for Women, aimed at reducing re-offending Substance misuse – vulnerable groups
Region	Scotland
Contact Details	The 218 Centre: 0141 331 6200; info@218.org.uk
Brief Description	This women only centre takes a holistic approach and offers women offenders in Glasgow programmes of care, support and development designed to stop women's offending by tackling the substance misuse, the trauma and poverty that drive it. The project draws on all disciplines to develop unique, person centred programmes for every woman. Assessment of a woman's needs takes place over a period, with time for thought and reflection between meetings. In this way the precise character of her offending behaviour and the drivers which underlie it can be addressed with the correct supports. 218 uses a proven mix of formal therapeutic work and alternative therapies, and also offers practical and emotional support, whilst recognising that medical & health matters are key for many women offenders, and addressing these issues.
Purpose of the Work	

International (USA): Secure Nursing

Specialist Area	Secure nursing home care Older Prisoners
Region	USA
Contact Details	
Brief Description	<p>In North America, there have been significant moves towards housing older prisoners in separate and specialised accommodation. Many prisons in the US have wings for older prisoners in order to keep them together and to deal with their specific needs. By 1998, approximately 12 states had set up separate facilities; research found that both older and younger prisoners favoured separate units. More prisons in America also have hospices. One example is the special unit at the State Park Correctional Centre in South Carolina, which holds more than 400 men and women prisoners. Those requiring greater security can be housed in special units in a medium/maximum facility. Prisoners remain part of the mainstream population as long as they can function. Only when they can no longer cope in the normal prison environment are they transferred to the specialised unit, which also provides 24-hour medical care. To qualify for admission to the unit, a prisoner must have two of the following:</p> <ul style="list-style-type: none"> • an inability to provide self-care • social and emotional maladjustment • limited mobility • an inability to provide self-direction • chronic medical problems • vision, speech or hearing problems • a need for close medical supervision • acute medical problems <p>Centres like this one have been established in various parts of the USA and Canada. In 1999, the Pacific region of the Correctional Service of Canada started a 'reintegration effort for long-term infirm and elderly federal offenders' as a means of assuming a larger, more constructive role in the community reintegration of old and infirm offenders.</p>
Purpose of the Work	

